

C-3

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Nelson L. Bruce</u>	COURT CASE NUMBER <u>2:21-cv-03603-BHH-MGB</u>						
DEFENDANT <u>Equifax et al.</u>	TYPE OF PROCESS <u>CIVIL</u>						
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN TransUnion, LLC, THE PRENTICE-HALL COPROPRATION SYSTEM, INC ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 508 Meeting Street, West Columbia, SC 29169							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <input type="checkbox"/> Nelson L. Bruce PO BOX 3345 Summerville, SC 29484-3345							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td>1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>3</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td>PM12:</td> </tr> </table>		Number of process to be served with this Form 285	1	Number of parties to be served in this case	3	Check for service on U.S.A.	PM12:
Number of process to be served with this Form 285	1						
Number of parties to be served in this case	3						
Check for service on U.S.A.	PM12:						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Debra M. May</i>		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE 15 AM
		<input type="checkbox"/> DEFENDANT		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE				
acknowledge receipt for the total number of process indicated. <i>Sign only for USM 285 if more than one USM 285 is submitted</i>	Total Process 1	District of Origin No. 71	District to Serve No. 71	Signature of Authorized USMS Deputy or Clerk <i>Debra M. May</i>
				Date 52 12/1/21

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above. "I" means "I" and "my" means "my".

Name and title of individual served (if not shown above)

(Name and title of individual served (if not shown above))
X Trey Williams - Legal Asst.

Address (complete only if different than shown above)

<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Date	Time
12-6-2021	11:20
<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Signature of U.S. Marshal or Deputy 	

Service Fee (\$/hr \$15.00)	Total Mileage Charges including endeavors 4x.56=	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-----------------------------------	--	----------------	---------------	------------------	--

REMARKS: 12/1/21 Fwd to Busm. Toliver for P/C

Authorized to receive process

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Nelson L. Bruce, et al.,	2021 NOV 2 AM 10:03	COURT CASE NUMBER
DEFENDANT Equifax Information Services, LLC ("Equifax"), et al.;		TYPE OF PROCESS Civil

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEAL OR CONDEMN
	CORPORATION SERVICE COMPANY (Registered Agent for Defendant Equifax) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 508 Meeting Street, West Columbia, South Carolina 29169

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Nelson L. Bruce c/o P.O. Box 3345 Summerville, South Carolina 29484	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Contact information for Service on Registered Agent
1-866-403-5272
Hours of Operation M-F from 9:00 a.m. to 4:30 p.m.

Plaintiff	Signature of <input checked="" type="checkbox"/> other Originator requesting service on behalf of	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Nelson L. Bruce</i>		<input type="checkbox"/> DEFENDANT	843-437-7901	11/15/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for U.S.M. 285 if more than one U.S.M. 285 is submitted)	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk	Date
	1	71	71	<i>Stanley</i>	12/1/21

I hereby certify and return that have personally served, have legal evidence of service, have executed, as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above on the individual, company, corporation, etc. shown at the address inserted below

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

X <i>Trey Williams - Legal Asst</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only if different than shown above)	Date 12-6-21 Time 11:20 am pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee U)hr \$65.00	Total Mileage Charges including endeavors 4 X .56 = \$2.24	Forwarding Fee Ø	Total Charges \$67.24	Advance Deposits Ø	Amount owed to U.S. Marshal* or (Amount of Refund*) \$67.24 \$0.00
--------------------------------	---	---------------------	--------------------------	-----------------------	---

REMARKS *12/1/21 Fwd to DUSM to follow for PLS*

* Authorized to receive process *

DISTRIBUTE TO:	1 CLERK OF THE COURT 2 USMS RECORD 3 NOTICE OF SERVICE 4 BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal 5 ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
----------------	---	----------------------------

JAD

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Nelson L. Bruce

DEFENDANT

Equifax et al.

COURT CASE NUMBER

2:21-cv-03603-BHH-MGB

TYPE OF PROCESS
CIVIL

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { Experian Information Solutions, Inc. C T CORPORATION SYSTEM
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 2 Office Park Court Suite 103, Columbia, SC 29223

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Nelson L. Bruce
 PO BOX 3345
 Summerville, SC 29484-3345

Number of process to be served with this Form 285

2021 NOV 29 PM 12:55
RECEIVED
COLUMBIA, SC

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF DEFENDANT

TELEPHONE NUMBER

DATE

11/15/2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)Total Process
1District of Origin
No. 71District to Serve
No. 71Signature of Authorized USMS Deputy or Clerk
*Ch. Darby*Date
12/1/21I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Lisa Culler A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
12-7-21Time
1:35Signature of U.S. Marshal or Deputy
D. Culler

Service Fee 1 hr \$65.00	Total Mileage Charges including endeavors 21 x .56 = \$11.76	Forwarding Fee 0	Total Charges \$76.76	Advance Deposits 0	Amount owed to U.S. Marshal* or (Amount of Refund*) \$76.76
--------------------------------	--	---------------------	--------------------------	-----------------------	--

REMARKS: 12/1/21 Fwd to USMS to deliver for P/S

RECEIVED
USDC CLERK, CHARLESTON, SC

* Authorized to receive process *

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Christopher Edward Lewallen	COURT CASE NUMBER 8:21-ev-01171-SAL-MHIC
DEFENDANT Timothy McCarley, et al	TYPE OF PROCESS Civil

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 AT Records Custodian/Court Reporter
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Anderson County Courthouse at 100 S Main St., Anderson, S.C. 29625

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Christopher Edward Lewallen 318407 Anderson County Detention Center 1009 David Lee Coffee Place Anderson, SC 29625	1
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Leah Howell</i> Deputy Clerk	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER
	<input type="checkbox"/> DEFENDANT	843-579-1401
		DATE October 26, 2021

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>71</u>	District to Serve Nu. <u>71</u>	Signature of Authorized USMS Deputy or Clerk <i>Leah Howell</i>	Date 04
---	---------------	-------------------------------------	------------------------------------	--	------------

12/1/21

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Leah Howell / Anderson Clerk of Court Office

Address (complete only different than shown above)

 A person of suitable age and discretion then residing in defendant's usual place of abodeDate 12-2-21 Time 11:45
 am pmSignature of U.S. Marshal or Deputy
Douglas Lata

Service Fee <u>\$65.00</u>	Total Mileage Charges including endeavor <u>\$34.72</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------------------------	--	----------------	---------------	------------------	---

REMARKS: 12/1/21 Fwd to GVL SDUSM Campbell for P/S12-2-21 1st End; 1-USM x 1 hour (65)Start Mileage 61,259
End Mileage 61,321 = 62 miles x .56 = 34.72PRIORITY EDITIONS MAY BE USED
Total=\$99.72 DML

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action (Page 2)

Civil Action No. 8:21-cv-01171-SAL-MHC

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

I received this subpoena for (name of individual and title, if any) Anderson County Courthouse Records
 on (date) 12-1-2021 Custodian/Court Reporter

I served the subpoena by delivering a copy to the named person as follows:

Anderson County Clerk of Court office

on (date) 12-2-21 ; or

I returned the subpoena unexecuted because: _____

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of \$ _____

My fees are \$ 34.72 for travel and \$ 65.00 for services, for a total of \$ 99.72

I declare under penalty of perjury that this information is true.

Date: 12-2-21

Douglas M. Leslie
Server's signature

DUSM Douglas M. Leslie
Printed name and title

250 E. North St., Greenville, SC 29601
Server's address

Additional information regarding attempted service, etc.: